



2005

# National Healthcare Disparities Report



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# 2005 National Healthcare **Disparities** Report

**U.S. Department of  
Health and Human Services**

Agency for Healthcare Research and Quality  
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**Primary AHRQ Staff:** Carolyn Clancy, Bill Munier, Katherine Crosson, Ernest Moy, Elizabeth Dayton, Dwight McNeill, James Burgdorf, Karen Ho, and Donna Rae Castillo.

**HHS Interagency Work Groups for the NHQR/NHDR:** Irma Arispe (CDC-NCHS), Hakan Aykan (ASPE), Amy Chanlongbutra (HRSA), Richard Conviser (HRSA), Martin Dannenfelser (ACF), Emily DeVoto (NIH), Agnes Davidson (OSOPHS), Brenda Evelyn (FDA), Anita Everett (SAMHSA), Kay Felix-Aaron (HRSA), Suzanne Feetham (HRSA), Yvette Fryer (HRSA), Olinda Gonzalez (SAMHSA), Miryam Granthon (HRSA), Saadia Greenberg (AoA), Lein Han (CMS), Trent Haywood (CMS), Tom Hertz (ASPE), Lisa Hines (CMS), Julia Holmes (CDC-NCHS), David Hunt (CMS), Deloris Hunter (NIH), Ruth Katz (ASPE), Richard Klein (CDC-NCHS), Lisa Koonin (CDC), Joel Levine (HRSA), Leopold Luberecki (ASL), Diane Makuc (CDC-NCHS), Ronald Manderscheid (SAMHSA), Saralyn Mark (OSOPHS), Marty McGeein (ASPE), Richard McNaney (CMS), Rebecca Middendorf (ASPE), Leo Nolan (IHS), Karen Oliver (NIH), Suzanne Proctor (CDC-NCHS), Susan Queen (HRSA), Michael Rapp (CMS), William Robinson (HRSA), Beatrice Rouse (SAMHSA), Colleen Ryan Smith (IHS), Paul Seligman (FDA), Sam Shekar (HRSA), Adelle Simmons (ASPE), Sunil Sinha (CMS), Phillip Smith (IHS), Caroline Taplin (ASPE), Emmanuel Taylor (NIH), Benedict Truman (CDC), Nadarajan Vydelingum (NIH), Valerie Welsh (OSOPHS), Dinah Wiley (OCR), and Barbara Wingrove (NIH).

**AHRQ Center for Quality Improvement and Patient Safety NHQR/NHDR Team:** Ernest Moy, Nicole Belanger, James Burgdorf, Denise Burgess, Elizabeth Dayton, Tina Ding, Daryl Gray, Sonja Hall, Karen Ho, Edward Kelley, Dwight McNeill, Anna Poker, Kathy Rowan, Judy Sangl, David Stevens, Nancy Wilson, Chunliu Zhan.

**HHS Data Experts:** Steven Cohen (AHRQ), Paul Eggers (NIH), Trena Ezzati-Rice (AHRQ), John Fleishman (AHRQ), Diane Frankenfield (CMS), Reem Ghandour (HRSA), Joe Gfroerer (SAMHSA), Edwin Huff (CMS), Kenneth Keppel (CDC-NCHS), Doris Lefkowitz (AHRQ), Lynn Ries (NIH).

**Other AHRQ Contributors:** Roxanne Andrews, Sepheen Byron, Fran Chevarley, Rosaly Correa, Denise Dougherty, Pamela Owens, Larry Patton, Denise Remus, Mary Rolston, Scott Rowe, Randie Siegel, Marc Zodet, Phyllis Zucker.

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## Key Themes and Highlights From the National Healthcare Disparities Report

Twenty years ago, the Department of Health and Human Services (HHS) released the Report of the Secretary's Task Force on Black and Minority Health. That report documented many disparities in health and led to interventions to improve the health and health care of minorities.

This year, the Agency for Healthcare Research and Quality (AHRQ) is pleased to release the third National Healthcare Disparities Report (NHDR). This annual report provides a comprehensive national overview of disparities in health care among racial, ethnic, and socioeconomic<sup>i</sup> groups in the general U.S. population and within priority populations and tracks the success of activities to reduce disparities. It is a companion report to the National Healthcare Quality Report (NHQR), a comprehensive overview of quality of health care in America.

A major advantage of an annual report series is its ability to track changes over time. This year, data are presented that begin tracking trends across a broad array of measures of health care quality and access for many racial, ethnic, and socioeconomic groups. In addition, the 2005 report begins to examine the issue of whether the Nation is making progress toward eliminating health care disparities.

The NHDR tracks disparities in both quality of health care and access to health care. Measures of health care quality mirror those in the NHQR and encompass four dimensions of quality—effectiveness, patient safety, timeliness, and patient centeredness. Measures of health care access are unique to this report and encompass two dimensions of access—facilitators and barriers to care and health care utilization.

This year's NHDR and NHQR focus on findings from a set of core report measures which represent the most important and scientifically credible measures in the full measure sets. Core report measures were selected from the full measure sets by the HHS Interagency Work Groups that support the reports based on their clinical importance, policy relevance, and data reliability.<sup>ii</sup> The 2005 reports also introduce a number of new composite measures as well as improved methods for summarizing quality and disparities.

In the 2005 NHDR, four key themes are highlighted for policymakers, clinicians, administrators, and community leaders who seek information to improve health care services for all Americans:

- Disparities still exist.
- Some disparities are diminishing.
- Opportunities for improvement remain.
- Information about disparities is improving.

<sup>i</sup> Socioeconomic differences include differences in education and income levels.

<sup>ii</sup> See Tables 2.1-2.3 in Chapter 2, Quality of Health Care, for data on core report measures of quality and Tables 3.1-3.2 in Chapter 3, Access to Health Care, for data on core report measures of access. Detailed tables for all measures as well as information on methods and measure specifications are available at [www.qualitytools.ahrq.gov](http://www.qualitytools.ahrq.gov).

## Disparities Still Exist

Consistent with extensive research and findings in previous NHDRs, the 2005 report finds that disparities<sup>iii</sup> related to race, ethnicity, and socioeconomic status<sup>iv</sup> still pervade the American health care system. While varying in magnitude by condition and population, disparities are observed in almost all aspects of health care, including:

- Across all dimensions of quality of health care including effectiveness, patient safety, timeliness, and patient centeredness.
- Across all dimensions of access to care including facilitators and barriers to care and health care utilization.
- Across many levels and types of care including preventive care, treatment of acute conditions, and management of chronic disease.
- Across many clinical conditions including cancer, diabetes, end stage renal disease, heart disease, HIV disease, mental health and substance abuse, and respiratory diseases.
- Across many care settings including primary care, dental care, home health care, emergency departments, hospitals, and nursing homes.
- Within many subpopulations including women, children, elderly, residents of rural areas, and individuals with disabilities and other special health care needs.

To quantify the prevalence of disparities across the core report measures tracked in the 2005 report, racial, ethnic, and socioeconomic groups are compared with an appropriate comparison group<sup>v</sup> for each core report measure. Each group could receive care that is poorer than, about the same as, or better than the comparison group.

<sup>iii</sup> Consistent with Healthy People 2010, the NHDR defines disparities as any differences among populations. In addition, all disparities discussed in the NHDR meet criteria based on statistical significance and size of difference described in Chapter 1, Introduction and Methods.

<sup>iv</sup> Income and education are the primary measures of socioeconomic status used in the report.

<sup>v</sup> For all measures, Blacks, Asians, and American Indians and Alaska Natives are compared with Whites; Hispanics are compared with non-Hispanic Whites; and poor individuals are compared with high income individuals.



*Advancing Excellence in Health Care*

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FOR IMMEDIATE RELEASE  
Monday, January 9, 2006

Contact: AHRQ Public Affairs  
(301) 427-1922  
(301) 427-1855

**AHRQ RELEASES 2005 NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORTS**

Quality of health care for Americans has continued to improve at a modest pace, and health care disparities are narrowing overall for many minority Americans. But for Hispanics, disparities have widened in both quality of care and access to care, according to reports by HHS' Agency for Healthcare Research and Quality (AHRQ).

The findings are contained in the *2005 National Healthcare Quality Report* and its companion document, the *2005 National Healthcare Disparities Report*. These reports, issued annually, measure quality and disparities in four key areas of health care: effectiveness, patient safety, timeliness, and patient centeredness.

The quality report employs a wide range of measures, including health care outcomes such as hospital-acquired infections and reductions in deaths from certain diseases. It also measures how well the health care system is using specific treatments that are known to work most effectively. The disparities report compares these measures by race and ethnicity and by income. It also measures access to care, using indicators such as health insurance status and frequency of visits to a physician. This year, for the first time, the report also shows trends in health care disparities from year to year.

The *2005 National Healthcare Quality Report* finds that overall quality of care for all Americans improved at a rate of 2.8 percent, the same increase shown in last year's report. However, the report notes there has been much more rapid improvement in some measures, especially where there have been focused efforts to improve care.

The *2005 National Healthcare Disparities Report* finds that many of the largest disparities in measures of quality and access are observed for low-income people regardless of race or ethnicity, with some signs of improvement. Overall, more racial disparities in quality of care were narrowing than were widening, and most racial disparities in access to care were narrowing (affecting blacks, Asians and American Indians/Alaska Natives). But for Hispanics, the majority of disparities for both quality and access were growing wider.

"The quality report finds modest overall progress in quality of care for Americans and areas where we must continue to work to close health care gaps. Faster progress is especially apparent where  
(more)



focused efforts, including public reporting of quality results, have taken place,” said AHRQ Director Carolyn Clancy, M.D. “It is clear that the need for action to improve quality of care for all Americans continues to be great.”

Examples of findings in the AHRQ disparities report include:

- Rates of late stage breast cancer decreased more rapidly from 1992 to 2002 among black women (169 to 161 per 100,000 women) than among white women (152 to 151 per 100,000), resulting in a narrowing disparity.
- Treatment of heart failure improved more rapidly from 2002 to 2003 among American Indian Medicare beneficiaries (69 percent to 74 percent) than among white Medicare beneficiaries (73 percent to 74 percent), resulting in an elimination of this disparity.
- The quality of diabetes care declined from 2000 to 2002 among Hispanic adults (44 percent to 38 percent) as it improved among white adults (50 percent to 55 percent).
- The quality of patient-provider communication (as reported by patients themselves) declined from 2000 to 2002 among Hispanic adults (87 percent to 84 percent) as it improved among white adults (93 percent to 94 percent).
- Access to a usual source of care increased slightly from 1999 to 2003 for Hispanics (77 percent to 78 percent) and whites (88 percent to 90 percent), with Hispanics less likely to have access to a usual source of care.

The report finds a 10.2 percent annual improvement in the five core measures of patient safety. These are areas where coordinated national efforts are underway to improve the delivery of specific “best practice” treatments to improve patient safety and reduce medical errors.

“In many areas, we know the specific treatment steps and procedures that are needed to improve quality. These reports indicate that when we focus on those best practices, we can make rapid improvement, especially when results are publicly reported,” Dr. Clancy said.

Improvements were greatest in quality measures for diabetes, heart disease, respiratory conditions, nursing home care, and maternal and child health care. The overall rate of change for these measures was 5.4 percent.

Dr. Clancy said the findings in the report can help target efforts more effectively to improve quality and reduce disparities. “These reports are a complex picture of our progress so far. They can help target where improvement is most needed and help show us how to bring those improvements about,” she said.

The reports were issued today at the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health, sponsored by the HHS Office of Minority Health. The summit marks the 20<sup>th</sup> anniversary of the issuance of the Report of the Secretary’s Task Force on Black and Minority Health, which led to new efforts to improve the health and health care of minority Americans. The reports are available online at [www.qualitytools.ahrq.gov](http://www.qualitytools.ahrq.gov), by calling 1-800-358-9295 or by sending an email to [ahrqpubs@ahrq.gov](mailto:ahrqpubs@ahrq.gov).